Procedure Code	Procedure Code Description	Rate
	SCREENING PAPANICOLAOU SMEAR; OBTAINING,	
	PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL	
Q0091	SMEAR TO LABORATORY	\$14.04
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$6.00
	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL,	
Q0111	CERIVICAL OR SKIN SPECIMENS	\$3.54
Q0112	ALL POTASSIUM HYDROZIDE (KOH) PREPARATIONS	\$3.54
Q0113	PINWORM EXAMINATIONS	\$4.48
Q0114	FERN TEST	\$5.93
Q0115	POST-COITAL MUCOUS EXAM	\$8.21
	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG ORAL, FDA	
Q0163	APPROVED PRESCRIPTION ANTIEMETIC	\$0.02
Q0164	PROCHLORPERAZINE, MALEATE, 5 MG, ORAL	\$0.04
Q0165	PROCHLORPERAZINE MALEATE, 10 MG ORAL	\$0.02
	GRANISETRON HYDROCHLORIDE 1 MG ORAL FDA	
Q0166	APPROVED PRESCRIPTION ANTIEMETIC	\$5.26
	DRONABINOL, 2.5 MG ORAL, FDA APPROVED	
	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	
Q0167	THERAPUTIC	\$6.80
	DRONABINOL, 5 MG ORAL, FDA APPROVED PRESCRIPTION	
Q0168	ANTI-EMETIC, FOR USE AS A COMPLETE THERAPUTIC	\$13.52
	PROMETHAZINE HCI, 12.5 MG, ORAL, FDA APPROVED	
	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	
Q0169	THERAPEUTIC	\$0.44
	PROMETHAZINE HCI, 25 MG, ORAL, FDA APPROVED	
	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	
Q0170	THERAPEUTIC	\$0.13
	CHLORPROMAZINE HYDROCHLORIDE, 10 MG ORAL, FDA	
	APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	
Q0171	COMPLETE	\$0.01
	CHLORPROMAZINE HCI, 25 MG, ORAL, FDA APPROVED	
	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	
Q0172	THERAPEUTIC	\$0.03
	TRIMETHOBENZAMIDE HCI, 250 MG, ORAL, FDA APPROVED	
_	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	
Q0173	THERAPEUTIC	\$0.73
	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED	
	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	
Q0175	THERAPEUTIC	\$0.78
	PERPHENAZINE, 8 MG, ORAL, FDA APPROVED	
.	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	
Q0176	THERAPEUTIC	\$0.75
	HYDROXYZINE PAMOATE, 25 MG ORAL, FDA APPROVED	
	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	
Q0177	THERAPEUTIC	\$0.05
	HYDROXYZINE PAMOTE, 50 MG, ORAL, FDA APPROVED	
_	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	
Q0178	THERAPEUTIC	\$0.07
_	ONDANSETRON HYDROCHLORIDE 8 MG ORAL, FDA	
Q0179	APPROVED PRESCRIPTION ANTI-EMETIC	\$8.07

Procedure Code	Procedure Code Description	Rate
	DOLASETRON MESYLATE, 100 MG ORAL, FDA APPROVED	
	PRESCRIPTION ANTI-EMECTIC, FOR USE AS A	
Q0180	THERAPEUTIC	\$50.59
	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED	
	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	
Q0181	THERAPEUTIC	\$0.00
	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST	
Q0480	DEVICE, REPLACEMENT ONLY	\$70,907.06
	MICROPROCESSOR CONTROL UNIT FOR USE WITH	
	ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	
Q0481	ONLY	\$11,440.02
	MICROPROCESSOR CONTROL UNIT FOR USE WITH	
	ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR	
Q0482	ASSIST DEVICE, REPLACEMENT	\$3,583.23
	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC	
Q0483	VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$14,761.30
	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR	
	ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	
Q0484	REPLACEMENT ONLY	\$2,866.60
	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC	
Q0485	VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$276.77
	MONITOR CONTROL CABLE FOR USE WITH	
	ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	
Q0486	REPLACEMENT ONLY	\$230.35
	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE	
	ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	
Q0487	REPLACEMENT	\$268.74
	POWER PACK BASE FOR USE WITH ELECTRIC VETRICULAR	
Q0488	ASSIST DEVICE, REPLACEMENT ONLY	\$0.00
	DOWED DAOK DAOE FOR LIGE WITH ELECTRIC (DUELINATIO	
00.400	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC	# 40 7 0 7 00
Q0489	VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$12,797.26
	EMEDOENCY DOWED COUDCE FOR LICE WITH ELECTRIC	
00400	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC	ΦΕΕΩ Ε <i>4</i>
Q0490	VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY EMERGENCY POWERE SOURCE FOR USE WITH	\$553.54
	ELECTRIC/PNEUMATIC VETRICULAR ASSIST DEVICE,	
Q0491	REPLACEMENT ONLY	¢070 04
Q0491	EMERGENCY POWER SUPPLY CABLE FOR USE WITH	\$870.24
	ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	
Q0492	ONLY	\$70.11
Q0432	EMERGENCY POWER SUPPLY CABLE FOR USE WITH	φ/ υ. ι ι
	ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE,	
Q0493	REPLACEMENT ONLY	\$199.64
30700	EMERGENCY HAND PUMP FOR USE WITH	ψ100.04
	ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	
Q0494	REPLACEMENT ONLY	\$168.93
30-10-1	BATTERY/ POWER PACK CHARGER FOR USE WITH	ψ100.00
	ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST	
Q0495	DEVICE	\$3,288.56
Q0700	DLVIOL	ψυ,200.00

Procedure Code	Procedure Code Description	Rate
	BATTERY FOR USE WITH ELECTRIC OR	
	ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	
Q0496	REPLACEMENT ONLY	\$1,180.32
	BATTERY CLIPS FOR USE WITH ELECTRIC OR	
	ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	
Q0497	REPLACEMENT ONLY	\$368.56
	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/	
	PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	
Q0498	ONLY	\$404.39
	BELT/VEST FOR USE WITH ELECTRIC OR	
	ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	
Q0499	REPLACEMENT ONLY	\$131.39
	FILTERS FOR USE WITH ELECTRIC OR	
	ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	
Q0500	REPLACEMENT ONLY	\$24.04
	SHOWER COVER FOR USE WITH ELECTRIC OR	
	ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	
Q0501	REPLACEMENT ONLY	\$402.07
	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST	
Q0502	DEVICE, REPLACEMENT ONLY	\$511.88
	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE	
Q0503	REPLACEMENT ONLY, EACH	\$1,023.78
	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST	
Q0504	DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	\$540.23
	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH	
Q0505	VENTRICULAR ASSIST DEVICE	\$0.00
	PHARMACY SUPPLY FEE FOR INITIAL	
	IMMUNOSUPPRESSIVE DRUGS, FIRST MONTH FOLLOWING	
Q0510	TRANSPLANT	\$1.00
	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL	
	ANTI- EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR THE	
Q0511	FIRST PRESCR	\$1.00
	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL	
	ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR A	
Q0512	SUBSEQUENT PRESC	\$1.00
	PHARMACY DISPENSING FEE FOR INHALATION DRUGS;	
Q0513	PER 30 DAYS	\$1.00
0054	PHARMACY DISPENSING FEE FOR INHALATION DRUGS;	.
Q0514	PER 90 DAYS	\$1.00
Q0515	INJECTION, SERMORELIN ACETATE, 1 MCG	\$1.80
Q2009	INJECTION, FOSPHENYTION, 50 MG	\$0.59
Q2017	INJECTION, TENIPOSIDE, 50 MG	\$325.66
00004	DADIOELEMENTO EOD DDAOLINGUEDADY, ANNATYDE EAGU	40.00
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	\$0.00
00001	INJECTION, HEPATITIS B VACCINE, PEDIATRIC OR	45 225
Q3021	ADOLESCENT, PER DOSE	\$56.95
Q3022	INJECTION, HEPATITIS B VACCINE, ADULT, PER DOSE	\$56.95
	INJECTION, HEPATITIS B VACCINE, IMMUNOSUPPRESSED	
00000	PATIENTS (INCLUDING RENAL DIALYSIS PATIENTS), PER	450.05
Q3023	DOSE	\$56.95

Procedure Code	Procedure Code Description	Rate
	INJECTION, INTERFERON BETA-1A, 11 MCG FOR	
Q3025	INTRAMUSCULARUSE	\$178.75
	INJECTION, INTERFERON BETA-1A, 11 MCG FOR	
Q3026	SUBCUTANEOUS USE	\$0.00
	CASTING SUPPLIES, BODY CAST ADULT, WITH OR	
Q4001	WITHOUT HEAD PLASTER	\$0.00
	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT	
Q4002	HEAD, FIBERGLASS	\$0.00
	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +),	
Q4003	PLASTER	\$0.00
	CAST SUPPLIES, SHOULDER CAST ADULT (11 YEARS +),	·
Q4004	FIBERGLASS	\$0.00
	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +),	·
Q4005	PLASTER	\$0.00
	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +),	, , , , ,
Q4006	FIBERGLASS	\$0.00
-,	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10	40100
Q4007	YEARS), PLASTER	\$0.00
4,1001	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10	ψο.σο
Q4008	YEARS), FIBERGLASS	\$0.00
<u> </u>	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +),	φοισσ
Q4009	PLASTER	\$0.00
4.000	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +),	ψ0.00
Q4010	FIBERGLASS	\$0.00
Q 1010	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10	ψ0.00
Q4011	YEARS), PLASTER	\$0.00
Q+011	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10	ψ0.00
Q4012	YEARS), FIBERGLASS	\$0.00
QTOTE	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER	ψ0.00
Q4013	FOREARM AND HAND), ADULT (11 YEARS +), PLASTER	\$0.00
Q+010	TOTIER INTRODUCTION TO THE PROPERTY OF THE PRO	ψ0.00
	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER	
Q4014	FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	\$0.00
QTOIT	TOTIENTIAL AND TIMED, ADDET (TT TENTO +), TIBETICENOO	ψ0.00
	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER	
Q4015	FOREARM AND HAND), PEDIATRIC (0-10 YEARS +), PLASTER	\$0.00
Q-010	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER	ψυ.υυ
	FOREARM AND HAND), PEDIATRIC (0-10	
Q4016	YEARS),FIBERGLASS	\$0.00
Q+010	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +),	ψυ.υυ
Q4017	PLASTER	\$0.00
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +),	φυ.υυ
Q4018	FIBERGLASS	ድስ ስስ
Q4010	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10	\$0.00
Q4019	YEARS), PLASTER	\$0.00
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10	φυ.υυ
04000	· ·	ቀለ ለለ
Q4020	YEARS), FIBERGLASS	\$0.00
04004	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +),	<u></u>
Q4021	PLASTER PLANT ADMIT (11 VEADS .)	\$0.00
04000	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +),	Φ0.00
Q4022	FIBERGLASS	\$0.00

Procedure Code	Procedure Code Description	Rate
	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10	
Q4023	YEARS), PLASTER	\$0.00
	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10	
Q4024	YEARS), FIBERGLASS	\$0.00
	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT	
Q4025	(11 YEARS +), PLASTER	\$0.00
	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT	·
Q4026	(11 YEARS +), FIBERGLASS	\$0.00
	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS),	
Q4027	PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS),	·
Q4028	PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
·	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +),	*
Q4029	PLASTER	\$0.00
5,10=0	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +),	φοισσ
Q4030	FIBERGLASS	\$0.00
<u> </u>	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS),	φοισσ
Q4031	PLASTER	\$0.00
Q 1001	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS),	ψυ.υυ
Q4032	FIBERGLASS	\$0.00
Q 1002	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11	ψ0.00
Q4033	YEARS +), PLASTER	\$0.00
Q+000	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11	ψ0.00
Q4034	YEARS +), FIBERGLASS	\$0.00
Q+05+	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-	φυ.υυ
Q4035	10 YEARS), PLASTER	\$0.00
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-	φυ.υυ
Q4036	10 YEARS), FIBERGLASS	\$0.00
Q4030	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +),	φυ.υυ
Q4037	PLASTER	\$0.00
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +),	φυ.υυ
Q4038	FIBERGLASS	\$0.00
Q4036	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10	φυ.υυ
Q4039	``	#0.00
Q4039	YEARS), PLASTER CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10	\$0.00
Q4040	YEARS), FIBERGLASS	ΦΩ ΩΩ
Q4040	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +),	\$0.00
Q4041	PLASTER	#0.00
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +),	\$0.00
04040	FIBERGLASS	#0.00
Q4042		\$0.00
04040	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10	ቀለ ለለ
Q4043	YEARS), PLASTER	\$0.00
04044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10	Φ0.00
Q4044	YEARS), FIBERGLASS	\$0.00
04045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +),	фо oo
Q4045	PLASTER (14 VEARS .)	\$0.00
04040	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +),	Φ0.00
Q4046	FIBERGLASS	\$0.00
04047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10	Φ2.22
Q4047	YEARS), PLASTER	\$0.00

Procedure Code	Procedure Code Description	Rate
	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10	
Q4048	YEARS), FIBERGLASS	\$0.00
Q4049	FINGER SPLINT, STATIC	\$0.00
	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF	
Q4050	CAST	\$0.00
	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES	
	THERMOPLASTICS, STRAPPING, FASTENERS, PADDING	*
Q4051	AND OTHER SUPPLIES	\$0.00
0.4000	ILOPROST, INHALATION SOLUTION, ADMINISTERED	450.50
Q4080	THROOUGH DME, 20 MCG	\$50.50
0.4004	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON	Φ0.00
Q4081	DIALYSIS)	\$0.96
04106	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE	#40.00
Q4106	CENTIMETER LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER	\$40.00
Q9951	MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9901	INJECTION, IRON BASED MAGNETIC RESONANCE	φυ.υυ
Q9953	CONTRAST AGENT, PER ML	\$30.41
Q9900	OONTHAGT AGENT, I EIT WE	φ50.41
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$9.94
Q 000+	OTTAL MINGINE TIO TLEGGIVATOR GOTTITAL AND AGENT, I ETT ME	ψυ.υ-
Q9955	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML	\$0.00
40000	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER	ψ0.00
Q9956	ML	\$58.92
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Q9957	INJECTION, PERFLUTREN LIPID MICROSHPERES, PER ML	\$62.16
	HIGH OSMOLAR CONTRAST MATERIAL,UP TO 149 MG/ML	•
Q9958	IODINE CONCENTRATION, PER ML	\$0.07
	HIGH OSMOLAR CONTRAST MATERIAL,UP TO 149 MG/ML	
Q9959	IODINE CONCENTRATION, PER ML	\$0.00
	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML	
Q9960	IODINE CONCENTRATION, PER ML	\$0.12
	HIGH OSMOLAR CONTRAST MATERIAL,250-299 MG/ML	
Q9961	IODINE CONCENTRATION, PER ML	\$0.15
_	HIGH OSMOLAR CONTRAST MATERIAL,300-349 MG/ML	
Q9962	IODINE CONCENTRATION, PER ML	\$0.18
	HIGH OSMOLAR CONTRAST MATERIAL,350-399 MG/ML	
Q9963	IODINE CONCENTRATION, PER ML	\$0.16
00004	HIGH OSMOLAR CONTRAST MATERIAL,400 OR GREATER	Φ0.00
Q9964	MG/ML IODINE CONCENTRATION, PER ML	\$0.29
00005	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML	#4.00
Q9965	IODINE CONCENTRATION, PER ML	\$1.29
00000	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML	#0.07
Q9966	IODINE CONCENTRATION, PER ML	\$0.37
00007	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML	Φ0.00
Q9967	IODINE CONCENTRATION, PER ML	\$0.20